

VIEWPOINTS

OUR VIEW: CAN REMAKING STATE GOVERNMENT SAVE NEXT YEAR'S BUDGETS? 2F

HEALTH CARE REFORM

States are empowered by changes

By KATHLEEN SEBELIUS

As governor of Kansas, I saw up close the urgent need for health care reform. I heard it when factory owners told me their biggest concern was not manufacturing costs but rising insurance premiums, and when families said they felt like hostages to insurance companies that could deny or cancel coverage with little accountability. I saw it in our state budget, where rising health care costs prevented investments in our future.

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The Affordable Care Act puts states in the driver's seat because they often understand their health needs better than anyone else — and that is why it is so frustrating to hear opponents of reform falsely attack the law as “nationalized health care.”

The truth is that states aren't just participating in implementa-

tion of the law; they're leading it.

Consider the state-based health insurance marketplaces that will be created under the law in 2014. These marketplaces, called exchanges, will allow individuals and small-business owners to pool their purchasing power to negotiate lower rates. They'll also serve as a one-stop shop where insurers must compete to deliver the best deal. Starting in 2014, members of Congress will have to purchase health coverage through these marketplaces as well.

Although the law gives states the option to design and run their own exchanges, some critics have claimed this could burden states if they're not given adequate resources and flexibility.

I agree. But what these critics miss is that the law already gives states most of the resources and flexibility they're asking for.

States have discretion, for example, to offer a wide variety of plans through their exchanges,

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HEART DISEASE

TARGETING PREVENTION

Stop smoking before it causes heart disease

By ALAN BLUM

‘Heart disease treatment cost might triple by 2030.’

Accustomed to reading health stories in The News about promising medications and advances in diagnostic and therapeutic technology resulting from research at our universities and medical centers, I was struck by this sobering headline in the Jan. 27 edition. Highlighting the urgent need to curb the unhealthy behaviors that cause heart disease, the story quoted an American Heart Association spokeswoman as calling for “early intervention and evidence-based public policies.”

A laudable goal, to be sure. But a significant, unspoken obstacle to the success of preventing heart disease is the failure of medical schools and other health professional schools to teach students how to champion lifestyle change for patients and their families in the clinic, classroom and community settings.

The foremost measure to prevent heart disease from happening or heart attacks from recurring is the avoidance of cigarettes. The health and economic toll taken by smoking is devastating: an estimated 300,000 deaths each year from heart disease caused by smoking in the U.S. and as many as 6,000 such deaths in Alabama — or six times the number of motor vehicle fatalities.

It has taken far too long — nearly half a century from the publication in 1964 of the surgeon general's report on smoking and health by Alabamian Dr. Luther Terry — to see a significant decline in the rate of heart disease, though still not the cost of treating it. That's because most of the decline in deaths from heart disease has been the result of secondary prevention — saving the lives of heart attack victims in high-tech coronary care units and trying through expensive medications and intensive rehabilitation to keep those who have had a heart attack from having another one. Primary prevention, which means never having a heart attack in the first place, has taken a back seat in the medical school curriculum.

For all the lip service paid by academia, health officials, medical societies



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and health insurers to the importance of curbing smoking and other killer habits, not a single medical school in this country has introduced long-term, continuity-of-care experiences for medical students throughout all four years of training, with the aim of a reduction of lethal lifestyles.

Ending bad health habits takes time, faith, patience and perseverance. With-

out the trust built on long-term relationships with patients and their families, it is far more difficult for doctors and other health professionals to coach them toward healthier behaviors.

Medical education has evolved into hopping from one separate, specialized area of the hospital to another every month or two, from pediatrics to surgery to obstetrics to psychiatry, which seldom provides an opportunity to get to know patients. And when we really don't know our patients, we tend to compensate by

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TOM SCARRITT

Let's live Smith's vision

One thing Birmingham needs a lot more of is optimism. We lost of little of that precious optimism with the death Wednesday of Brigadier Luther Smith.

The 96-year-old former commander of the Salvation Army's Greater Birmingham Area Command did not dwell on his colorful and commendable past. At least in the conversations I had with him, his focus was always on tomorrow.

And his expectations for tomorrow were high. He believed in us, as individuals and as a community.

Smith was first and foremost a Salvation Army officer, proudly wearing the uniform and the obligations that went with it. “It's a nice feeling because when you walk the streets of Birmingham, or any other street, in a Salvation Army uniform, that makes a statement,” he told The News' Bob Carlton last year. “It makes one statement which I like: ‘If you have problems, somebody you want to talk to, I'm a listener.’”

Smith was commissioned as a Salvation Army officer in 1936. He led the Birmingham command from 1971 until his retirement in 1979, and continued to represent and exemplify the group for the rest of his life.

As Dan Dunne, who served 18 years as president and CEO of United Way of Central Alabama, told Carlton, “He's not just a Salvation Army man. He's a community man.”

He showed that in his deep involvement with the community in which he lived for four decades. He served as a chairman of the Community Affairs Committee of Operation New Birmingham, as a member of the Birmingham Chamber of Commerce, as president of the Birmingham Kiwanis Club and was a founding member of the Birmingham Race Relations Committee.

In his Kiwanis role, he was well known across that international organization as a positive and energetic ambassador for Birmingham.

His civic involvement was more personal than institutional. A familiar figure on the downtown streets and at community events, he made everyone he met feel like a close friend.

He was not just a listener, but a great talker as well.

“Everyone he greeted was greeted as if he had known them for years. There were no strangers to him,” said Major Todd Smith, his successor and the Salvation Army's current Birmingham area commander.

Brigadier Smith will be remembered for his infinite cheerfulness and compassion. He will be remembered as an adventurer, who rode motorcycles well into his 80s, earned a private pilot's license and in his retirement years walked the Great Wall of China and climbed part way up one of the pyramids of Egypt.

The best way to honor him, though, is not only to celebrate his past, but also to live his vision.

If we all could be a little more like Brigadier Luther Smith, in our actions today and our optimism about tomorrow, this community could be as good as he envisioned it.

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INSIDE

No, no, no a thousand times no

The News' Joey Kennedy writes that Birmingham City Council President Roderick Royal is doing something few of his predecessors have done: *Not* run for mayor. 2F

Must not turn away

There still is a long way to go toward treating mental illness in Alabama. 4F

GOVERNMENT SPENDING

U.S. defense budget in the cross hairs

By THE ECONOMIST

All the agonizing over America's ballooning debt, the once-sacrosanct defense budget, which represents half of all discretionary federal spending, is no longer off limits. Democrats, normally fearful of appearing soft on defense, are losing their reticence. Even some Republicans, urged on by small-government militants from the tea-party movement, concede that defense has to be “on the table” if a serious assault on trillion-dollar annual deficits is to be launched.

On one side of the argument are fiscal hawks like Rand Paul, a newly elected senator from Kentucky, who fear that a national debt heading toward 100 percent of GDP by the end of the decade is in itself a menace to the nation, and defense must take

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its share of the pain.

The sheer size of America's defense budget puts it in the cross hairs. At around \$700 billion a year including war expenditures, it's as big as those of the world's next 20 highest military spenders combined. Last year, American defense spending exceeded the average spent during the Cold-War years by 50 percent (adjusted for inflation), while in the past 10 years, it has grown by 67 percent in real terms.

Those on the other side, still the majority of Republicans, claim that at under 5 percent of GDP, defense spending is not particularly high by



Even as soldiers continue to serve in costly operations in Iraq and Afghanistan, Congress may trim defense spending.

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